

PROB 12B
(7/93)

United States District Court

for

District of New Jersey

**Request for Modifying the Conditions or Term of Supervision
with Consent of the Offender**

(Probation Form 49, Waiver of Hearing is Attached)

Name of Offender: Elior Rosenkrantz

Cr.: 05-00797-001
PACTS Number: 42369

Name of Sentencing Judicial Officer: The Honorable Joseph A. Greenaway, Jr.

Date of Original Sentence: 01/30/07

Original Offense: Bulk Cash Smuggling; Making False Statements to the Department of Homeland Security

Original Sentence: 41 Months Imprisonment; 3 Years Supervised Release

Type of Supervision: Supervised Release

Date Supervision Commenced: 11/6/09

PETITIONING THE COURT


- ☐ To extend the term of supervision for _____ Years, for a total term of _____ Years.
☒ To modify the conditions of supervision as follows. The addition of the following special condition(s):

The defendant shall participate in a mental health program for evaluation and/or treatment as directed by the U.S. Probation Office. The defendant shall remain in treatment until satisfactorily discharged and with the approval of the U.S. Probation Office.

CAUSE

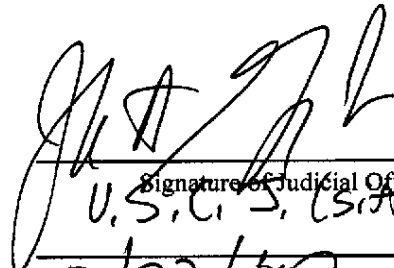
The offender suffers from depression and is in need of mental health treatment and counseling.

Respectfully submitted,

By: 
Leslie M. Vargas
U.S. Probation Officer
Date: 03/09/10

THE COURT ORDERS:

- ☒ The Modification of Conditions as Noted Above
☐ The Extension of Supervision as Noted Above
☐ No Action
☐ Other



U.S. District Judge, sitting by designation on the
3/22/10 Date District Court

ACKNOWLEDGMENT AND REQUEST FOR HEARING

I, Elior Rosenkrantz, hereby acknowledge receipt of the Notice of Request for Modification of the Conditions of Probation, and request a hearing thereon with my reasons stated below:

Signed: _____
(Date)

ACKNOWLEDGMENT AND WAIVER OF HEARING

I, Elior Rosenkrantz, hereby acknowledge receipt of the Notice of Request for Modification of the Conditions of Supervision. I have read the Notice and understand that I have the right to a hearing before the Court on that request and to the assistance of counsel at the hearing. However, I hereby waive (give up) my right to a hearing and agree to the proposed modifications of conditions of probation. I also certify that no promises have been made to me in order to induce me to give up my right to a hearing.

Signed:  4/26/10
(Date)

WITNESS:

Maureen O'Hara
Name

1600 Arch St., Suite 2400, Phila, PA 19106
Address